



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	OCT 5 1925	1921
	BUREAU V. S.	July 5, 1927
Other contributory causes of importance:		

Gallstones

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Talbot

Village or City Easton

2. CORPORATION OR RESIDENCE In city or town where death occurred

William Baker

(a) Residence: No. Hillsboro, Maryland

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 17, 1918

7. AGE Years 17 Months 2 Days 23 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Delaware

13. NAME Omer Baker

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAIDEN NAME Mable Jones

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT

Mrs. Mable Conner

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hillsboro

Date 9/4, 1935

19. UNDERTAKER

J. Virgil Morris

(Address)

20. FILED

9/6, 1935

(Address)

Registrar.

210-m

Registration Dist. No.

290

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 26 hrs. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

St. Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 2, 1935

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 1, 1935, to Sept. 2, 1935.

I last saw him alive on Sept. 2, 1935; death is said to have occurred on the date stated above, at 3:25 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Facetious skull

Date of onset

9/1/35

Other Contributory Causes of importance:

Spiral depressed bone

Name of operation Data of 9/1/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Data of Injury 9/1, 1935

Where did injury occur? Between Wm. Anne &amp; Wm. Mills

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

State Highway

Manner of injury Auto mobile accident

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	OCT 5 1923	1921

Other contributory causes of importance:

Gallstones	RECEIVED	Date of onset
		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10172

## 1. PLACE OF DEATH

County TalbotVillage or City Easton, Md

186-a

Registration Dist. No. 290

Length of residence in city or town where death occurred

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Thomas J. Blades(a) Residence: No. Easton, Md.

(Usual place of abode)

If U.S. Veteran specify WAR none

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofCarry Mr. Adams

6. DATE OF BIRTH (month, day, and year)

April 3, 1850

Years 85Months 5Days 18If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.7. OCCUPATION Farmer

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) about 192511. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town)

Talbot County, Md.

(State or country)

MOTHER

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)

unknown

(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)

unknown

(State or country)

17. INFORMANT Charles Blades(Address) Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cemetery Date Sept 23, 193519. UNDERTAKER Maurice E. Newmann & Son(Address) Easton, Md.20. FILED Sept 1, 1935 M. D. Deeries

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 21(Month) Sept (Day) 21 (Year) 193522. I HEREBY CERTIFY. That I attended deceased from Sept 15, 1935 to Sept 21, 1935. I last saw him alive on Sept 11, 1935; death is said to have occurred on the date stated above, at 12 45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis, acuteDate of onset  
9-18-35

Other Contributory Causes of importance:

Chronic passive congestive lung 9-18-35

Fracture of 1st arm 9-15-35

Name of operation Reduce fracture Date of 9-15-35What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9-18, 1935Where did injury occur? Easton, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

HomeManner of injury Fracture of 1st arm due to fallNature of injury Fracture of 1st arm24. Was disease or injury in any way related to occupation of deceased? noIf so, specify D. M. Stevens(Signed) D. M. Stevens M. D.(Address) Easton, Md.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	OCT 5 1925	1921

Other contributory causes of importance:	BUREAU V. S.	
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

	3 days ago
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10173

## 1. PLACE OF DEATH

County Talbot in  
Village or City Haslet

180

Registration Dist. No. 290

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mr. Martin Chyhanowich(a) Residence: No. 1813 Fleets St., Baltimore, Md.

U. S. Veteran specify WAR.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OFMrs. Rosie Chyhanowich

6. DATE OF BIRTH (month, day, and year)

Nov. 7 1881

7. AGE

Years 53 Months 6 Days 1 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationhabererCannery12. BIRTHPLACE (city or town)  
(State or country)Poland

MOTHER

FATHER

13. NAME W. A. Chyhanowich14. BIRTHPLACE (city or town)  
(State or country)Poland

15. MAIDEN NAME

W. A. Chyhanowich16. BIRTHPLACE (city or town)  
(State or country)Poland

17. INFORMANT

Rose Chyhanowich  
(Address) 1813 Fleets St. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9/11, 1935

19. UNDERTAKER

George A. Weber  
(Address) 705 S. Ann St. Baltimore, Md.

20. FILED

4/9, 1935 N. H. Morris  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 8, 1935  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

last saw him alive on Sept. 5, 1935 to Sept. 8, 1935; death is saidto have occurred on the date stated above, at 7:00 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:acute cerebralPrimary cause acute nephritis  
with

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

11

Nature of injury

11

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) George A. Weber M. D.  
(Address) 705 S. Ann St. Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset	1 year
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## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE OF DECEASED: Letters filed 9-20-35 under DR. PALMER and attached to Dr. Palmer's letter a statement from Rev. Figlewski.—L.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10174

## 1. PLACE OF DEATH

County Talbot

Village or City Easton

Length of residence in city or town where death occurred 1 yrs. 5 mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos.

b7-a

Registration Dist. No. 290

St.

Ward

## 2. FULL NAME Sadie C. Clayton

(a) Residence: No.

Easton, Md.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 27, 1934

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_.hrs.  
or \_\_\_\_\_.min.

1

5

17

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Easton, Md.

MOTHER FATHER

13. NAME William Clayton

14. BIRTHPLACE (city or town)  
(State or country)

Talbot Co.

15. MATURE NAME

Sadie Sullivan

16. BIRTHPLACE (city or town)  
(State or country)

Talbot Co.

17. INFORMANT

Sadie Clayton

(Address)

Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Hammondtown

Date: Sept. 16, 1935

19. UNDERTAKER

Maurice E. Newman &amp; Son

(Address)

Easton, Md.

20. FILED

9/16, 1935 N. H. Nease

(Address)

Registrar

MARGIN RESERVED FOR BINDING

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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 14

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 14, 1935 to Sept 14, 1935

I last saw her alive on Sept 14, 1935; death is said to have occurred on the date stated above, at 8:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

No further information

Bronchitis

Other Contributory Causes of importance:

Physician only saw deceased once and that was about half hour before death

Name of operation

m

Date of

What test confirmed diagnosis?

m

Was there an autopsy? m

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

m

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? m

If so, specify

(Signed) James B. Merritt Jr. M. D.

(Address) 8 Union Md.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	OCT 5 1933	July 5, 1927
	BUREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10175

## 1. PLACE OF DEATH

County

Talbot  
Easton Md.

18

Registration Dist. No.

290

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Yrs. mos. days How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mrs. Louise Dudek

If U.S. Veteran specify WAR

Residence: No. 412 S. Robinson St. Baltimore, Md.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND or  
(or) WIFE of

✓

6. DATE OF BIRTH (month, day, and year)

1879

Unknown

7. AGE

about  
56

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Sept 11/14

11. Total time (years)  
spent in this  
occupation

Life

Data of onset

Preceding cause: not determined.

Cerebellar Abscess: 2 weeks?

Cause: undetermined. Patient entered

hospital, in convulsions. Died in his home. Cere-

bellar abscess found at autopsy.

Other Contributory Causes of importance:

Acute alcoholism.

Name of operation: none Date of

What test confirmed diagnosis: autopsy Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury: 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) P. E. Cox

(Address) Easton Md. M. D.

20. FILED 9/12, 1935 W. H. Nease

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis      RECEIVED  
Chronic interstitial nephritis  
Cerebral hemorrhage      OCT 5 1955  
BUREAU V. S.  
Other contributory causes of importance:

### Other contributory causes of importance:

*Gallstones* *May 1, 1923*

### Example 11

The principal cause of death and related causes of importance were as follows:

<u>Attack of epilepsy</u>	<u>1 week ago</u>
<u>Run over by street car</u>	<u>1 week ago</u>
<u>Peritonitis</u>	<u>3 days ago</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<b>Other contributory causes of importance:</b>	
<u>Gastroenteritis</u>	<u>1 year</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10176

## 1. PLACE OF DEATH

County TalbotVillage or City Bogman

Length of residence in city or town where death occurred

80

yrs

4

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

S. D. Denney Gemory

(a) Residence: No.

(Usual place of abode)

No Veteran

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Annie L. Gemory

6. DATE OF BIRTH (month, day, and year)

Oct 19 1859

7. AGE

Years  
75Months  
11Days  
4If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) June 193611. Total time (years)  
spent in this  
occupation 40 yrsCarpenter

MOTHER

FATHER

12. BIRTHPLACE (city or town)  
(State or country)Ridgeale  
Virginia13. NAME Andrew Gemory14. BIRTHPLACE (city or town)  
(State or country)Kinsale  
Virginia15. MAIDEN NAME Elnora Dibny16. BIRTHPLACE (city or town)  
(State or country)Talbot Co  
Md17. INFORMANT William Gemory(Address) Bogman md

18. BURIAL, CREMATION, OR REMOVAL

Place St. MichaelsDate Sept 21, 193519. UNDERTAKER Newman & Harrison(Address) St. Michaels Md20. FILED Sept 27, 1935Place St. MichaelsDate Sept 27, 1935

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registration Dist. No. 291

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

No Veteran

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept251935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on Sept 25, 1935, death is saidto have occurred on the date stated above, at 11:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of  
Duodenum

Date of onset

7

Other Contributory Causes of importance:

Frailty

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? X-rayWas there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify \_\_\_\_\_

(Signed) J. H. Hope

M. D.

(Address) St. Michaels Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	OCT 5 1935	1921
Cerebral hemorrhage	BUREAU V.	July 5 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10177

## 1. PLACE OF DEATH

County TalbotVillage or City Easton

Length of residence in city or town where death occurred

yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Holiday(a) Residence: No. Centreville Md.  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

Black

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed5a. If married, widowed, or divorced  
(or) WIFE ofJohn Holiday

## 6. DATE OF BIRTH (month, day, and year)

April 15, 1886

## 7. AGE

Years 49 Months 5 Days 15 If LESS than  
1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

House Work

## 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

At. Home

## 10. Date deceased last worked at this occupation (month and year)

Aug. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Quebec, Que. C. 15 yrs.

## MOTHER

## FATHER

## 13. NAME

John Green14. BIRTHPLACE (city or town)  
(State or country)Quebec, Que. C. 15 yrs.

## 15. MAIDEN NAME

Mary Carter16. BIRTHPLACE (city or town)  
(State or country)Quebec, Que. C. 15 yrs.

## 17. INFORMANT

(Address)

Annie WhitticcoCentreville, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Centreville, Md.

Date

Oct. 3, 1935

## 19. UNDERTAKER

(Address)

Angie N. EddinsCentreville Maryland

## 20. FILED

10/1, 1935

M. H. Neeress

Registrar

(23)

Registration Dist. No.

290

St., Ward

No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran specify WAR

St., Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 30, 1935  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Sept. 25, 1935 to Sept. 30, 1935I last saw John Holiday alive on Sept. 30, 1935; death is said to have occurred on the date stated above, at 7:05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis  
Tuberculosis

Date of onset

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John Holiday M. D.(Address) Easton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	OCT 5, 1935	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10178

## 1. PLACE OF DEATH

167

County

Villot

Registration Dist. No.

290

St.

Ward

Village or City Near Easton, Md.

No "Outside"

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE,

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND OR  
WIFE OF

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Joseph N. Starkey

Md.

14. BIRTHPLACE (city or town)

(State or country)

Penns.

15. MAIDEN NAME

Margaret A. Munson

16. BIRTHPLACE (city or town)

(State or country)

Germany

17. INFORMANT

(Address)

Merrill Starkey

18. BURIAL, CREMATION, OR REMOVAL

Burial

Place Park Bells Date 9/24 1935

19. UNDERTAKER

(Address)

James A. Speece

20. FILED

9/26 1935 M. H. Morris

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept

25

1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_\_.  
Did not see deceased \_\_\_\_\_, 19\_\_\_\_\_.; death is said

to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bullet wound  
left chest

Date of onset

9-25-35

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 9-25-1935

Where did injury occur? Near Easton, Talbot Co, Md.

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

In home

Manner of injury Shot by .38 caliber revolver

Nature of injury Shot thru heart at close range

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

P. E. Cox M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10179

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Salisbury

181

Registration Dist. No.

490

Village or City

Near Easton Maryland "Outside" St., Ward

Length of residence in city or town where death occurred

40 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Anna Hyde Dugrahame

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

57

8

27

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, RAILROAD, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation, month and year

11. Total time (years) spent in this occupation

April 1935 15

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Easton Md Date 10/3 1935

19. UNDERTAKER

(Address)

20. FILED

10/3 1935

M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 30, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to Sept 30, 1935.

I last saw him alive on Sept 30, 1935; death is said to have occurred on the date stated above, at 10.12 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset  
9-26-35

Other contributory causes of importance:

Cerebral Hemorrhage  
Arteriosclerosis1934  
1900

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 200

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

B. M. P. Stevens  
Easton Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	
Chronic interstitial nephritis		
Cerebral hemorrhage	Oct 5 1925	
	HIPPOCAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10180

## 1. PLACE OF DEATH

County

Taftt  
Easton Md

Registration Dist. No. 290

Village or City

Easton Md

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. Emergency Hospital 81

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Stevensville Md

If U.S. Veteran specify WAR

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Black

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 4 1935

7. AGE

Years Months Days If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. M AIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cremated, Emergency Hospital

19. UNDERTAKER  
(Address)20. FILED  
9/4 1935 M. S. Peeler

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept.

(Month)

4

(Day)

1935

(Year)

## 22. I HEREBY CERTIFY

That I attended deceased from

Sept. 4, 1935, to Sept. 4, 1935.  
I last saw deceased alive on Sept. 4, 1935.

to have occurred on the date stated above, at 10:00 A.M.; death is said

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

abortion incomplete  
cause not determined

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	10-5-1925	1921
Cerebral hemorrhage	10-5-1925	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10181

## 1. PLACE OF DEATH

County

Talbot

131

Registration Dist. No.

290

Village or City

Easton

St.

Ward

Length of residence in city or town where death occurred

40

If death occurred in a hospital or institution, give its NAME instead of street and number  
No. \_\_\_\_\_  
Name \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No.

Richard E. Jones

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Painter

Retired

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Annapolis

Maryland

MOTHER FATHER

13. NAME

Richard E. Jones

MOTHER FATHER

14. BIRTHPLACE (city or town)

(State or country)

Annapolis

Maryland

MOTHER FATHER

15. MARRIED NAME

not given

Sewell

MOTHER FATHER

16. BIRTHPLACE (city or town)

(State or country)

Annapolis

Maryland

MOTHER FATHER

17. INFORMANT

(Address)

Claude E. E.

Easton Md.

MOTHER FATHER

18. BURIAL, CREMATION, OR REMOVAL

Pleas

Annapolis, Md.

Sept. 5, 1935

MOTHER FATHER

19. UNDERTAKER

(Address)

John D. Williams

Easton Md.

MOTHER FATHER

20. FILED

9-3, 1935

H. H. Nixon

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 2<sup>nd</sup>, 1935  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

March, 1935, to Sept. 1, 1935

I last saw him alive on Sept. 1, 1935; death is said  
to have occurred on the date stated above, et. 11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Arteriosclerosis with  
HypertensionDate of onset  
1930

Other Contributory Causes of importance:

Chronic interstitial nephritis

1933

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William S. Seymour  
(Address) Easton Md. M.D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
<i>RECEIVED NOV 5 1930</i>		
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10182

## 1. PLACE OF DEATH

County

Talbot

464

Registration Dist. No.

290

Village or City

Easton Md

St.

Ward

Length of residence in city or town where death occurred

11 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.      ds.      How long in U.S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

(a) Residence: No.

Talbot

St.,      Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Male white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Martha A. Jones

6. DATE OF BIRTH (month, day, and year)

7. AGE      Years      Months      Days

82

If LESS than  
1 day,      hrs.  
or      min.

18

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Retired

Farmer

1919

8

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

9/25, 1935

N. H. Morris

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

9 24

(Month) (Day)

1935 (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Sept 21, 1935, to Sept 24, 1935; death is said

I last saw him alive on Sept 24, 1935; death is said

to have occurred on the date stated above, at 12:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Cancer of Stomach

Date of onset  
1925

## Other Contributory Causes of importance:

Cancer of intestines (small) Sept 18-35

Name of operation      200 Date of

What test confirmed diagnosis? X-ray Was there an autopsy? 200

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Data of injury      19

Where did injury occur?      (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 200

If so, specify

(Signed) J. M. C. Stevens

(Address) Easton Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	RECEIVED	Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	OCT 5 1929	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10193

## 1. PLACE OF DEATH

County Talbot

Village or City, Easton

Length of residence in city or town where death occurred 30 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Mr. Charles Korte

(a) Residence: No. 101 Talbot Street, Easton, Maryland

(Usual place of abode)

Registration Dist. No. 290

No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U.S. Veteran specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male White Married

5a. If married, widowed, or divorced

HUSBAND OF

WIFE OF

Mrs. Dorothea Korte

6. DATE OF BIRTH (month, day, and year)

7/15/1913

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

62

2

3

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 4/1/2511. Total time (years)  
spent in this  
occupation 30 yrs12. BIRTHPLACE (city or town)  
(State or country)

Germany

13. NAME

Unknown

14. BIRTHPLACE (city or town)  
(State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)  
(State or country)

Germany

17. INFORMANT

Mrs. Dorothea Korte

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Easton, Md.

(Address)

19. UNDERTAKER

James Poffen

(Address)

20. FILED

9/20, 1935 M. S. Nease

(Address)

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

Sep. 18  
(Month)  
(Day), 1935  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 12, 1935, to Sept. 18, 1935

I last saw him alive on Sept. 18, 1935; death is said  
to have occurred on the date stated above, at 5:55 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Retired Salesman Chrome my card is  
National Biscuit Co. D. K. Confectionary  
Date of onset 3 months

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Physical Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

(Address)

P. E. Cox  
M. D.  
Easton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	1935	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10154

## 1. PLACE OF DEATH

County

Salisbury

946

Registration Dist. No.

290

Village or City

Easton Md

St.

Ward

Length of residence in city or town where death occurred

4 yrs

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

William A. Schaeffer

If U.S. Veteran specify WAP

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND OF

James M. Schaeffer

6. DATE OF BIRTH (month, day, and year)

3/11/58

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

74 5 25

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

Retired

Shoemaker

life

12. BIRTHPLACE (city or town)

(State or country)

Pennsylvania

13. NAME

William A. Schaeffer

14. BIRTHPLACE (city or town)

(State or country)

Pa

15. MAIDEN NAME

Mary Schaeffer

16. BIRTHPLACE (city or town)

(State or coun'ry)

Pa

17. INFORMANT

(Address)

James M. Schaeffer

Easton Md

18. BURIAL, CREMATION OR REMOVAL

(Address)

Place Schaeffer's

Date 9/9

, 1938

19. UNDERTAKER

(Address)

James A. Schaeffer

Easton Md

20. FILED

(Address)

9/7, 1938 A. H. Peeler

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept

(Month)

(Day)

1938 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sep 5, 1938, to Sep 5, 1938

I last saw him alive on Sep 5, 1938; death is said to have occurred on the date stated above, at 4:20 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary thrombosis

Sep 5

Date of onset

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Phys exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury 19

Where did Injury occur? ✓

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓

(Signed) William A. Schaeffer M. D.

(Address) Easton Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NET 5 1926	1921

Other contributory causes of importance:	RECEIVED	
Gallstones		May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10185

## 1. PLACE OF DEATH

County

Salisbury

Village or City

Easton Md

57-c

Registration Dist. No.

290

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. .... ds. How long in U.S. if of foreign birth? .... yrs. .... mos. .... ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR

St. .... Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Widower

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

4/17/1857

7. AGE

Years

Months

Days

If LESS than  
1 day, .... hrs.  
or .... min.

78

4

24

retired

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) ....

March 1934

11. Total time (years)  
spent in this  
occupation. 30 yrs

12. BIRTHPLACE (city or town)

(State or country)

Delaware

Unknown

MOTHER

FATHER

13. NAME

John E. Church

14. BIRTHPLACE (city or town)

(State or country)

7

15. MAIDEN NAME

11

16. BIRTHPLACE (city or town)

(State or country)

11

17. INFORMANT

(Address)

Mrs. Lida A. Potter

Easton Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Easton Md

Date 9/12, 1935

19. UNDERTAKER

(Address)

James A. Stevens

Easton Md

20. FILED

9/10, 1935

N. S. T. Nease

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept

10

1935

22. I HEREBY CERTIFY, That I attended deceased from

March 12, 1935, to Sept 10, 1935; death is said

I last saw him alive on Sept 10, 1935; death is said  
to have occurred on the date stated above, at 6 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Retired Cancer of Prostate

Date of onset  
Jan 35

Other contributory causes of importance

Chronic nephritis

several years

Name of operation. 200

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. W. C. Stevens M. D.

(Address) Easton Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

M.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. EACH item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10186

## 1. PLACE OF DEATH

County Calvert Co.

82-a

Registration Dist. No. 290Village or City Easton, Md.St. WardNo. Emergency Hospital

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME

Mrs. Nora Morris(a) Residence: No. Centreville, Md. St. Ward.If U.S. Veteran specify WAR. Q.A.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female white married

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

## 5a. If married, widowed, or divorced

Husband of  
(or) Wife ofS. Lawrence Morris

## 6. DATE OF BIRTH (month, day, and year)

Jan 21, 1874

## 7. AGE

58

## Years

6

## Months

10

## Days

10

## If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home10. Date deceased last worked at this occupation (month and year) Aug. 27, 193511. Total time (years) spent in this occupation 39 yrs.12. BIRTHPLACE (city or town)  
(State or country)13. NAME Benajah Anderson14. BIRTHPLACE (city or town)  
(State or country) Kent Co. Del.15. MAIDEN NAME Anna Frasier16. BIRTHPLACE (city or town)  
(State or country) Kent Co. Del.17. INFORMANT  
(Address) Mrs. Nora Morris18. BURIAL, CREMATION, OR REMOVAL  
Place Burial for See Date Sept 3 193519. UNDERTAKER  
(Address) Barton Bros20. FILED 9-2 1935 N. H. Neives

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept

(Month)

(Day)

, 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 29, 1935, to Sept 1, 1935I last saw her alive on Sept 1, 1935; death is saidto have occurred on the date stated above, at 4:33 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset  
Sept 25

Other Contributory Causes of importance:

Name of operation  Date of ClinicalWhat test confirmed diagnosis?  Was there an autopsy? 

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury Sept 3, 1935Where did injury occur? 

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury 

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Mrs. Balmer(Signed) M. H. Neives M. D.(Address) Easton

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10187

## 1. PLACE OF DEATH

County WaldorfVillage or City Easton Md

Residence in city or town where death occurred

12 yrs.

46-c

Registration Dist. No. 290

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ann Osgood(a) Residence: No. House for Aged Women

(Usual place of abode)

If U. S. Veteran specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8/16/1853

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

83

117

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER

FATHER

13. NAME Thomas Tarbutton

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME Elizabeth Weston

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

Superintendent of the Home

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Easton Md Date 9/4 1935

19. UNDERTAKER

James A. Spencer

(Address)

20. FILED

9/3 1935 M. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 2 (Month) 1935 (Year)

(Day)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on Sept 1, 1935; death is said

to have occurred on the date stated above, at 8:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac arrest  
Transfer Colon

Date of onset

Other Contributory Causes of importance:

Name of operation Col. S. A. Date of 1935What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1935Where did injury occur? None

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) James B. Menard M. D.(Address) Easton Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	ACT 5 1923	1921

RECEIVED	1923	Date of onset
RIBEAU V. S.		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10198

## 1. PLACE OF DEATH

County

Talbot

23

Registration Dist. No.

290

Village or City

Near Easton Twp

St.

Ward

No. "Outside"

Length of residence in city or town where death occurred

5 yrs.

mos.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

1

(Usual place of abode)

If U. S. Veteran specify WAR

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male Colored Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

2/28/1915

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

20

6

18

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

July 1935

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER / FATHER

13. NAME

Edward Roberts

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Lottie Coleman

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Lottie Roberts

Easton Twp

18. BURIAL, CREMATION, OR REMOVAL

Place

Coppermine

Date

9/17 1935

19. UNDERTAKER

(Address)

James A. Hayes

Easton Twp

20. FILED

Date

8/16 1935

M. I. Morris

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

9

15

1935

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY

That I attended deceased from

5-16-1935 to 9-15-1935

I last saw him alive on 9-14-1935; death is said to have occurred on the date stated above, at 12:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

6 months

## Other Contributory Causes of Importance:

Name of operation

none

Date of

What test confirmed diagnosis?

X-ray

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

P. E. Cox

(Signed)

(Address)

M. D.

Easton Twp.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis, 5 1935	1915
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10159

## 1. PLACE OF DEATH

County

Village or City

Fulton

Caston

154

Registration Dist. No.

290

St.

Ward

No. Emergency Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Etta Sandy

(a) Residence: No.

Staunton, Virginia

If U. S. Veteran specify WAR

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Nov. 23 - 1915

7. AGE

Years

19

Months

9

Days

23

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Staunton, Va. Date 9/16, 1935

19. UNDERTAKER

(Address)

20. FILED

9/16, 1935

M. D. *M. H. Nease*

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 15, 1935

22. I HEREBY CERTIFY. That I attended deceased from

June 21, 1935, to Sept. 15, 1935.

I last saw her alive on Sept. 15, 1935; death is said  
to have occurred on the date stated above, at 11:20 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Principal cause of death: *old age* Date of onset: 8/15/35

Other Contributory Causes of importance:

Contributory causes: *multiple arteriosclerosis* Date: 6/14/35Name of operation: *None* Date of:What test confirmed diagnosis: *Cancer* Was there an autopsy: *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury: \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *M. H. Nease* M. D.(Address) *M. H. Nease*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	
Chronic interstitial nephritis		
Cerebral hemorrhage	OCT 5 1933	

Other contributory causes of importance:

Gallstones		

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10190

## 1. PLACE OF DEATH

County

Talbot

34

Registration Dist. No.

290

Village or City

Easton Md.

Length of residence in city or town where death occurred

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. hours How long in U. S. if of foreign birth? yrs. mos. ds.

2. DATE OF DEATH

(a) Residence: No.

James Scott

Trappe Md.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Sarah Scott

6. DATE OF BIRTH (month, day, end year)

Oct. 9, 1886

7. AGE

Years

48

Months

11

Days

2

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. OCCUPATION

Treas., profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 7/11/3511. Total time (years)  
spent in this  
occupation 3.5

12. BIRTHPLACE (city or town)

(State or country)

Trappe Md.

13. NAME

Edward Scott

14. BIRTHPLACE (city or town)

(State or country)

Talbot Co.

15. MAIDEN NAME

Eliza Banks

16. BIRTHPLACE (city or town)

(State or country)

Talbot Co.

Md.

17. INFORMANT

(Address)

Adeline Benson

Easton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Year Trappe Date 9/14, 1935

19. UNDERTAKER

(Address)

Maurin &amp; DeRenneau &amp; Son

Easton, Md.

20. FILED

9/12, 1935 M. H. Peeler

Registrar

34

Registration Dist. No.

290

No Emergency Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. hours How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

St. Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 11  
(Month)  
(Day), 1935  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 11, 1935, to Sept 11, 1935

I last saw him alive on Sept 11, 1935, death is said  
to have occurred on the date stated above, et 6:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral spinal meningitis

Date of onset

?

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Physical exam. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

J. E. Cox M. D.

(Address)

Easton Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	OCT 5 1925

Cerebral hemorrhage

BUREAU V. S.

## Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Attack of epilepsy

Run over by street car

Peritonitis

## Date of onset

1 week ago

1 week ago

3 days ago

## Other contributory causes of importance:

Gallstones

May 1, 1923

## Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10191

## 1. PLACE OF DEATH

County Talbot  
Village or City Easton

186-2a

Registration Dist. No. 290

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Price, Md.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

Female White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Salisbury Seney

## 6. DATE OF BIRTH (month, day, and year)

## 7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

15

11

27

Rehired

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

Aug. 1935

3-0 yrs

Aug. 1935

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	OCT 5 1926	1921

Other contributory causes of importance:

Gallstones	RECEIVED	Date of onset
		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

RECEIVED  
OCT 4 1935

BUREAU V. S.

Other contributory causes of importance:

#### Other contributory causes of importance

### Gallstones

### Example 11

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

#### Other contributory causes of importance:

### *Gastroenteritis*

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10193

## 1. PLACE OF DEATH

County

Talbot

(23)

Registration Dist. No.

293

Village or City

Talbot Greenway

St.

Ward

Length of residence in city or town where death occurred

yrs

mos

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

mos.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Bsp

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

6. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

Frances Staudford

6. DATE OF BIRTH (month, day, and year)

Aug. 23<sup>rd</sup> 189

7. AGE

Years  
40

Months

Days  
12If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *House work*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town)  
(State or country)

Talbot Greenway

## MOTHER FATHER

13. NAME *Emilia Brown*14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME *Annie Dyer*16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

(Address)

Frank Staudford (husband)

Cordova, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Sandtown

Date Sept 17<sup>th</sup> 1935

19. UNDERTAKER

(Address)

Virgil Glance

Denton Md.

20. FILED

Date

9/16, 1935

J. Z. Barnes

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept  
(Month)15<sup>th</sup>  
(Day)1935  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from *lungs disease* ~~as before the date~~ *she died* ~~she died~~  
I last saw her alive on *Sept 15<sup>th</sup>*, 1935; death is said  
to have occurred on the date stated above, at *3 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

*Pulmonary Tuberculosis* Date of onset

*She died before she took*  
*any of July medicine*

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Indicate whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *R. Hackett* M. D.

(Address) *Talbot Greenway, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	OCT 9 1935
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10194

## 1. PLACE OF DEATH

County

Village or City

Garbat Rd.,  
Easton, Md.

8

Registration Dist. No.

290

Length of residence in city or town where death occurred

(a) Residence: No.

221 West St.

(Usual place of abode)

No. 221 West

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Stillborn Stanley

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

9/13/35

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Easton, Md.

13. NAME

James Stanley

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME

Clara Gross

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

(Address)

Alice Gross

18. BURIAL, CREMATION, OR REMOVAL

Place: Easton

Date: 9/17, 1935

19. UNDERTAKER

(Address)

James Stanley

20. FILED

(Address)

9/16, 1935 N. H. Morris

Registrar

## 21. DATE OF DEATH

Sept. 13

(Month)

(Day)

, 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

9/13

1935, to

(Month)

(Year)

I last saw her alive on

dead 9/13, 1935

(Month)

(Year)

to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Still-borne

## Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Haynes J. Webb

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related cause of importance were as follows:

RECEIVED  
Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage OCT 5 1965  
BUREAU V. S.

#### Other contributory causes of importance

### Gallstones

### Example 1

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
<b>Other contributory causes of importance:</b>	
<i>Gastroenteritis</i>	<i>1 year</i>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10195

## 1. PLACE OF DEATH

County Talbot  
Village or City Easton

150

Registration Dist. No.

290

Length of residence in city or town where death occurred yrs. mos. days. How long in U.S. If of foreign birth? yrs. mos. ds.

No. Emergency Hospital St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Mary Priscilla Taylor  
(a) Residence: No. Federalsburg, Maryland St., Ward.

If U.S. Veteran specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 6 - 1930  
7. AGE Years Months Days If LESS than  
5 0 22 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Federalsburg  
(State or country) Maryland

13. NAME John Wilson Taylor  
MOTHER / FATHER

14. BIRTHPLACE (city or town) Fairlee  
(State or country) Maryland

15. MAIDEN NAME Amanda Priscilla Wilson

16. BIRTHPLACE (city or town) Smyrna  
(State or country) Delaware

17. INFORMANT Mr. John Taylor  
(Address) Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg Date Oct 1, 1935

19. UNDERTAKER F. Young Son  
(Address) Federalsburg, Md.

20. FILED 9/30, 1935 D. N. Morris  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 28, 1935  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept 28, 1935, to Sept 28, 1935

I last saw him alive on Sept 28, 1935; death is said to have occurred on the date stated above, at 7:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute enteritis  
followed by convulsions.

Acute enteritis was probably the etiological factor. History of diarrhoea, nausea and vomiting.

Other Contributory Causes of Importance:

Name of operation. Date of

What test confirmed diagnosis? Chest X-ray. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.  
(Address) 10195

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED Date of onset 1915
Chronic interstitial nephritis	OCT 5 1955 Date of onset 1921
Cerebral hemorrhage	BUREAU V. S. Date of onset July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

92-a

10196

## 1. PLACE OF DEATH

County Talbot

Village or City Royal Oak

Registration Dist. No. 291

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Samuel H. Tennant no citizen

(a) Residence: ND. Wittman Md.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male white

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Anna L. Denney

6. DATE OF BIRTH (month, day, and year)

May 17 1858

7. AGE Years 77 Months 3 Days 20 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Dec 193411. Total time (years)  
spent in this  
occupation 50 yrs

12. BIRTHPLACE (city or town)

Talbot Co Md

(State or country)

13. NAME Edward Tennant

Talbot Co

2nd

(State or country)

15. MAIDEN NAME Sophie Denney

Talbot Co

2nd

(State or country)

17. INFDRMT Anna L. Tennant

(Address) Royal Oak Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Michaels Date Sept 7, 1934

(Address)

19. UNDERTAKER Newnam &amp; Harrison

(Address) St. Michaels Md.

20. FILED Sept 6, 1935 John Newnals

(Address) Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 5

1935

22. I HEREBY CERTIFY That I attended deceased from  
September 2, 1935, to September 5, 1935I last saw him alive on September 4, 1935; death is said  
to have occurred on the date stated above, at 12 m. noonThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Virtual Disease

Date of onset

Other Contributory Causes of importance:

Age

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Philip P. Lewis M. D.

(Signed)

(Address) St. Michaels, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
<i>RECEIVED JULY 5 1935 V. S.</i>	
<b>Other contributory causes of importance:</b>	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
<b>Other contributory causes of importance:</b>	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10197

## 1. PLACE OF DEATH

County Talbot  
Village or City Bellevue

131

Dr. Lewis

Registration Dist. No. 29

10197

No. "Outside"

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Mabel R Thomas  
(a) Residence: No. Bellevue Md. St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female Colored widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofWm. Thomas

6. DATE OF BIRTH (month, day, end year)

Nov 27-1873

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.61102

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.House work9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Bellevue  
Talbot Co. Md.

MOTHER FATHER

13. NAME

Henry Gates

14. BIRTHPLACE (city or town)

(State or country)

Oxford Md.

15. MAIDEN NAME

Emily Barnes

16. BIRTHPLACE (city or town)

(State or country)

Oxford Md.

17. INFORMANT

(Address)

Lester Smith  
Bellevue Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Bellevue Dec 1-1935

19. UNDERTAKER

(Address)

John D. Williams  
Porter Md.

20. FILED

(Address)

9-30 1935 N. H. Lewis

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 29 - 1935  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 21 1935 to Sept 29 1935I last saw him alive on Sept 29 1935; death is said to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ch. Bright's Disease Unknown  
Virtual Disease

Other Contributory Causes of Importance:

Name of operation None Date of 1935What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 1935Where did injury occur? Bellevue (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Philip B Lewis M. D.  
(Signed) Philip B Lewis M. D.  
(Address) P. Marshall Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
	OCT 5 1935	
Other contributory causes of importance:	WILLIAM V. S.	
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH 10198

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County TalbotVillage or City St. Michaels

820

Registration Dist. No. 291St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. 16 mos. 16 ds. How long in U.S. if of foreign birth?    yrs.    mos.    ds.2. FULL NAME Louisa F. Valliant(a) Residence: No. St. Michaels MdSt. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 24 1855

7. AGE Years <u>80</u>	Months <u>✓</u>	Days <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House work</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>  </u>	
10. Date deceased last worked at this occupation (month and year) <u>1932</u>	11. Total time (years) spent in this occupation <u>60 yrs</u>

12. BIRTHPLACE (city or town) Talbot Co  
(State or country) 2nd13. NAME James Valliant14. BIRTHPLACE (city or town) Sharptown  
(State or country) Md15. MAIDEN NAME Louisa Drumm16. BIRTHPLACE (city or town) unknown  
(State or country)   17. INFORMANT Victor Valliant  
(Address) St. Michaels Md.18. BURIAL, CREMATION, OR REMOVAL  
Place St. Michaels Date Sept 11/2 193519. UNDERTAKER Newnam & Harrison  
(Address) St. Michaels Md.20. FILED Sept 11 1935 John H. Howales  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 9

(Month)

(Day)

1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 1 1935 to Sept 9 1935I last saw her alive on Sept 9 1935; death is said to have occurred on the date stated above, at 12:50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemiplegia (left)

Primary Cause: Cerebral hemorrhage

Date of onset Sept 1 1935

Other Contributory Causes of importance:

Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Menner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John H. Howales M.D.(Address) St. Michaels Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	Oct 5 1935	1921
Cerebral hemorrhage	OCT 5 1935	July 5 1927

Other contributory causes of importance:	RECEIVED	Date of onset
Gallstones	RECEIVED	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	Date of onset
Gastroenteritis	RECEIVED	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10199

## 1. PLACE OF DEATH

County

Albion

Registration Dist. No.

290

Village or City

Eaton

Length of time in city or town where death occurred

yrs.

mos.

2

3

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

3

ds.

Ward

## 2. FULL NAME

(a) Residence: No.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mr. August Venable

6. DATE OF BIRTH (month, day, and year)

Feb. 24, 1860

7. AGE

75

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

6

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

21 Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

6 mo 90

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Md

MOTHER FATHER

13. NAME Charles E Ford

14. BIRTHPLACE (city or town)  
(State or country)

Md

15. MAIDEN NAME

May E. Ford

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT  
(Address)

F. B. Willoughby

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial Date: Sept 10 1935

19. UNDERTAKER  
(Address)

F. B. Willoughby

20. FILED

9/9

1935

M. D. Pease

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 8  
(Month)  
(Day)1935  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1935, to Sept. 8, 1935

I last saw her alive on Sept. 8, 1935; death is said to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral, Cere  
Myocarditis, the  
(decompensated)Data of onset  
8/16/35

July 1935

Other Contributory Causes of importance:

Ischaemic Nephritis

about  
5 mos.

Name of operation

None

Date of

What test confirmed diagnosis?

Cholera

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

H. D. Hobbs

M. D.

(Address)

Boston, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	OCT 5 1925	1921
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN